

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Speigner

County Jail
Main Street
AL 36301

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

Xachristy Reed

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Xachristy Reed

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Order to MP
08/18/06

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☒ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? ☐ Yes

2. Article Number
(Transfer from service label)

7005 1820 0002 3461 0713

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540